

CLAIMS ONLY

SERIAL NO.

APPLICANT(S)

FILING DATE

09/93/985

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

3
17
20

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936,985 FILING DATE 1/1/00
APPLICANT(S) 1

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1		1	
2		1		1		1
3		2		2		1
4		3		3		1
5		4		4		1
6		5		5		1
7		6		6		1
8	1					1
9		1				1
10		1				1
11		1				1
12		1	1		1	
13	1		1			
14		1				1
15	1				1	1
16	1					
17	1					
18	1					
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TOTAL IND.	7		3		3	
TOTAL DER.	12		11		12	
TOTAL CLAIMS	19		14		15	

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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS